OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Fe	ederal Assista	nce SF	-424					
* 1. Type of Submission Preapplication Application Changed/Correct		⊠ Ne	∌W		Revision, select appropriate letter(s): ther (Specify):			
* 3. Date Received: 4. Applicant Identifier:			cant Identifier:					
5a. Federal Entity Identifier:			5	5b. Federal Award Identifier:				
State Use Only:								
6. Date Received by State: 7. State Application			7. State Application	Ider	entifier:			
8. APPLICANT INFORMATION:								
* a. Legal Name: Sou	ıth Coast Air	Quali	ty Management I	Dist	trict]		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3099419			I/TIN):		* c. Organizational DUNS: 0259861590000			
d. Address:						_		
Street2:	21865 Copley	Drive						
County/Parish:	CA: Californi	a						
Province:	Province:							
* Country: USA: UNITED STATES * Zip / Postal Code: 91765-4178								
e. Organizational Unit:								
Department Name:					Division Name:			
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix: Middle Name:			* First Name	e:	Seungbum]		
* Last Name: Ha]		
Suffix:						_		
Title: Program Supervisor								
Organizational Affiliation: SCAQMD								
* Telephone Number: 909-396-3146 Fax Number:								
* Email: sha@aqmd.gov								

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
D: Special District Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Environmental Protection Agency
11. Catalog of Federal Domestic Assistance Number:
66.956
CFDA Title:
Targeted Airshed Grant Program
* 12. Funding Opportunity Number:
EPA-OAR-OAQPS-21-03
* Title: 2021 Targeted Airshed Grant Program
2021 Targeted Arrished Grant Program
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Long Range Class 8 Fuel Cell Truck Demonstration and Low-Emissions School Bus Replacement Project
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

*a. Applicant 39 *b. Program/Project Questional Districts if needed. Add Attachment Delete Attachment View Attachment 17. Proposed Project: *a. Start Date: 12/01/2021 *b. End Date: 12/31/2024 18. Estimated Funding (\$): *a. Federal 7,998,024.00 *b. Applicant 0.003 *c. Other 4,568,435.08 *f. Program Income 0.000 *g. TOTAL 17,028,959.000 *b. Program is subject to Review By State Under Executive Order 12372 Process? *a. This application was made available to the State under the Executive Order 12372 Process for review on 16/24/2021 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment Subject to Review and agree to cooper and application, I certify (1) to the statements contained in the list of certifications* and agree to cooper with any resulting turns if accept in award, leave are that any place, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative: Prefix: *First Name: Wayne	Application for Federal Assistance SF-424								
Attach an additional list of Program/Project Congressional Districts if needed. Add Attachment	16. Congressional Districts Of:								
Add Attachment Delete Attachment View Atta	* a. Applicant 39 * b. Program/Project 34								
17. Proposed Project: 18. Estimated Funding (\$): 18. Estimated Funding (\$): 19. Federal 7,998,024.00 10. Applicant 0.00 10. Local 0.00 10. C. State 4,462,590.00 10. C. Other 4,568,435.00 11. Program Income 0.00 12. TOTAL 17,028,959.00 11. Program Is subject to Review By State Under Executive Order 12372 Process for review on 05/24/2021 13. Application Subject to E.O. 12372 but has not been selected by the State for review. 10. Program is subject to E.O. 12372. 10. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) 18. Yes No 19. "I AGA Attachment Delete Attachment View Attachment View Attachment Properties of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) 10. "I AGRE 11. The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 11. Authorized Representative: 12. "First Name: Value. 13. The Issue of certifications or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 14. The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 15. Authorized Representative: 15. Profix: 15. *First Name: Value. 16. *First Name: Value. 16. *First Name: Value. 17. *First Name: Value. 18. *Authorized Representative: 18. *The Name: Value. 18. *Authorized Representative: 19. *First Name: Value. 19. *First	Attach an additional list of Program/Project Congressional Districts if needed.								
** start Date: 12/01/2021 ** b. End Date: 12/31/2024 18. Estimated Funding (\$): **** **** *** *** *** *** ***	Add Attachment Delete Attachment View Attachment								
18. Estimated Funding (\$): *a. Federal 7,998,024.00 *b. Applicant 0.00 *c. State 4,462,500.00 *d. Local 0.00 *e. Other 4,568,435.00 *f. Program Income 0.00 *g. TOTAL 17,028,959.00 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? *a. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2021 *b. Program is subject to E.O. 12372 but has not been selected by the State for review. *c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) *Yes No If "Yes', provide explanation and attach *Add Attachment Delete Attachment View Attachment *21. *By sligning this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **Authorized Representative: **Prefix: **First Name: **Vayne** **Middle Name: ** **First Name: **Vayne** **Middle Name: ** **Tirst Name: **Vayne** **Middle Name: ** **Tirst	17. Proposed Project:								
*a. Federal 7,998,024.00 *b. Applicant 0.00 *c. State 4,462,500.00 *d. Local 0.00 *e. Other 4,568,435.00 *f. Program Income 0.00 *g. TOTAL 17,028,959.00 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? *a. This application subject to Review By State Under Executive Order 12372 Process for review on 06/24/2021 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment Peters and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) Authorized Representative: *First Name: Wayne Middle Name: *First Name: Wayne Middle Name:	* a. Start Date: 12/01/2021 * b. End Date: 12/31/2024								
** Applicant	18. Estimated Funding (\$):								
**C. State	* a. Federal 7,998,024.00								
*d. Local 0.00 *e. Other 4,568,435.00 *f. Program Income 0.00 *g. TOTAL 17,028,959.00 **19. Is Application Subject to Review By State Under Executive Order 12372 Process? A. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2021 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. **20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award: I am aware that any talse, flictious, or fraudullent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** *I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: ** First Name: ** ** ** ** ** ** ** ** ** ** ** ** **	* b. Applicant 0.00								
*e. Other	* c. State 4 , 462 , 500 . 00								
*1. Program Income	* d. Local 0 . 0 0								
*g. TOTAL 17,028,959.00 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? ② a. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2021 ⑤ b. Program is subject to E.O. 12372 but has not been selected by the State for review. ⑤ c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) ② Yes No If "Yes", provide explanation and attach ② Add Attachment Delete Attachment View Attachment ② 1. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ③ ** I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: * First Name: Wayne Middle Name:	* e. Other 4,568,435.00								
*19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. 'By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: **First Name: Wayne Middle Name:									
a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, frictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: * First Name: Wayne Middle Name:	* g. TOTAL 17,028,959.00								
b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: ** First Name: Wayne Middle Name:	* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?								
c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: ** First Name: Wayne Middle Name:	a. This application was made available to the State under the Executive Order 12372 Process for review on 06/24/2021.								
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes', provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) *** I AGREE *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: **First Name: Wayne Middle Name:	b. Program is subject to E.O. 12372 but has not been selected by the State for review.								
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Wayne Middle Name:	c. Program is not covered by E.O. 12372.								
If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Wayne Middle Name:	* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)								
Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Wayne Middle Name:	☐ Yes ☐ No								
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative: Prefix: ** First Name: Wayne Middle Name:	If "Yes", provide explanation and attach								
herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative: Prefix: ** First Name: Wayne	Add Attachment Delete Attachment View Attachment								
Prefix: * First Name: Wayne Middle Name:	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
Middle Name:	Authorized Representative:								
	Prefix: * First Name: Wayne								
* Last Name: Nastri	Middle Name:								
	* Last Name: Nastri								
Suffix:	Suffix:								
* Title: Executive Officer									
* Telephone Number: 909-396-2100 Fax Number:	* Telephone Number: 909-396-2100 Fax Number:								
* Email: wnastri@aqmd.gov									
* Signature of Authorized Representative: Karen Sandoval * Date Signed: 06/24/2021	* Signature of Authorized Representative: Karen Sandoval * Date Signed: 06/24/2021								